

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001490

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 531

FILED FEB 8 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY, MISSOURI</u>		c. CITY OR TOWN <u>HIGGINSVILLE, MO.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VA HOSPITAL, KC, MO.</u>		d. STREET ADDRESS (If outside, give location) <u>111 W 15th St.</u>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>LOUIS</u> Last <u>CHAMBLIN</u>		4. DATE OF DEATH Month <u>JAN.</u> Day <u>27</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/12/91</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hatcheryman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hatchery</u>	
13a. FATHER'S NAME <u>Robert L. Chamblin Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Vivian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes 11/18/17 to 6/14</u>		17. INFORMANT <u>VA Hospital Records</u> <u>Mrs Kathleen Chamblin, Higginsville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Recent pulmonary embolism</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
DUE TO (b) <u>Bronchogenic carcinoma, left lung, with hepatic lymph node and vertebral bone metastasis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. VA attended the deceased from <u>1/26/63</u> to <u>1/27/63</u> and last saw her alive on <u>1/27/63</u>			
Death occurred at <u>9:15 PM 1/27/63</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Virgilio Sangalang</u> (Degree or title) <u>VIRILIO SANGALANG, M.D.</u>		22b. ADDRESS <u>VA Hospital, Kansas City, Mo.</u>	
22c. DATE SIGNED <u>1-28-63</u> (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1/29/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Higginsville, MO</u>		23d. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR <u>Wornall Funeral Home Inc</u>		25. DATE RECD. BY LOCAL REG. <u>1-28-63</u>	
ADDRESS <u>K.C., MO</u>		26. REGISTRAR'S SIGNATURE <u>Reuth Long</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

8 1963 FEB

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed W.C. Rine

Licensed Embalmer No. 4879

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.